

HARWOOD FEFFER LLP

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Attorneys for Plaintiff Lawrence Corneck
and proposed Plaintiff Stewart D. Pollak

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

IN RE FACEBOOK, INC., IPO SECURITIES
AND DERIVATIVE LITIGATION

MDL No. 12-2389 (RWS)

ECF Case

This document relates to the
Consolidation Securities Action:

No. 12-cv-4081	No. 12-cv-4763
No. 12-cv-4099	No. 12-cv-4777
No. 12-cv-4131	No. 12-cv-5511
No. 12-cv-4150	No. 12-cv-7542
No. 12-cv-4157	No. 12-cv-7543
No. 12-cv-4184	No. 12-cv-7544
No. 12-cv-4194	No. 12-cv-7545
No. 12-cv-4215	No. 12-cv-7546
No. 12-cv-4252	No. 12-cv-7547
No. 12-cv-4291	No. 12-cv-7548
No. 12-cv-4312	No. 12-cv-7550
No. 12-cv-4332	No. 12-cv-7551
No. 12-cv-4360	No. 12-cv-7552
No. 12-cv-4362	No. 12-cv-7586
No. 12-cv-4551	No. 12-cv-7587
No. 12-cv-4648	

**DECLARATION OF STEWART D. POLLAK IN SUPPORT OF
MOTION FOR SUBSTITUTION OF ESTATE, AND FOR SUGGESTION
OF DEATH OF PLAINTIFF LAWRENCE CORNECK**

Stewart D. Pollak, pursuant to 28 U.S.C. § 1746(2), declares the following:

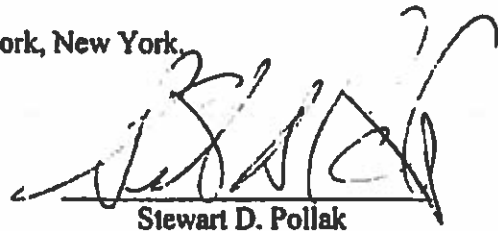
1. Lawrence Corneck, a plaintiff in the above-captioned consolidated action, as well as in 12-cv-4215 (RWS), died on November 14, 2014. A copy of his Death Transcript is annexed hereto as Exhibit A.

2. I was appointed his executor by the Surrogate's Court of the State of New York, New York County on December 22, 2014. A copy of the Certificate of Appointment of Executor is annexed hereto as Exhibit B.

3. I was advised by Samuel K. Rosen, Esq., of Harwood Feffer LLP, that he has tried to obtain consent to my substitution in this action, but neither Lead Counsel nor Defendants' Counsel has responded to his requests.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 27th day of May 2015, at New York, New York.



Stewart D. Pollak

Exhibit A

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-14-045596

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
NOVEMBER 16, 2014 02:21 PM

1. DECEDENT'S
LEGAL NAME **LAWRENCE CORNECK**
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filed in by the Physician)	2a. New York City Place of Death Manhattan	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input checked="" type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) New York Weill Cornell Medical Center	
	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) November 14 2014	3b. Time 06:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex Male	5 Date last attended by a Physician mm dd yyyy 11 14 2014		
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.						
Name of Physician Marilyn Howell MD (Type or Print) Address 525 E 68th Street, New York, New York 10065			Signature <i>Marilyn Howell</i> M.D. Signature Electronically Authenticated License No. 251263 Date NOV-14-2014			
PERSONAL PARTICULARS (To be filed in by Funeral Director or in case of City Burial, by Physician)	7a. Usual Residence State New York	7b. County New York	7c. City or Town New York	7d. Street and Number 211 W 56th Street	Apt. No. # 27 M ZIP Code 10019	
	8. Date of Birth (Month) (Day) (Year-yyyy) February 13 1947		9. Age at last birthday (years) 67	10. Social Security No. 094-38-6861		
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Lawyer		11b. Kind of business or industry Scientific Games Corporation	12. Aliases or AKAs Lawrence J. Corneck		
	13. Birthplace (City & State or Foreign Country) New York, New York		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th – 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 <input checked="" type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____ 8 <input type="checkbox"/> Unknown		17. Surviving Spouse's/Partner's Name (If wife) name prior to first marriage (First, Middle, Last) ***		
	18. Father's Name (First, Middle, Last) Joseph Corneck			19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Jane Pokryszko		
	20a. Informant's Name Norman Field		20b. Relationship to Decedent Executor	20c. Address (Street and Number Apt. No. City & State ZIP Code) 89 Cayuga Avenue, Oceanport, New Jersey 07757		
	21a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input checked="" type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____			21b. Place of Disposition (Name of cemetery, crematory, other place) Woodlawn Cemetery		
	21c. Location of Disposition (City & State or Foreign Country) Bronx, New York			21d. Date of Disposition mm dd yyyy 11 18 2014		
	22a. Funeral Establishment John Krtll Funeral Home, Inc.			22b. Address (Street and Number City & State ZIP Code) 1297 1st Avenue, New York, New York 10021		

VR 15 (Rev 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by § 19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

November 16, 2014 Order No. 20141112391

Steven P. Schwartz
Steven P. Schwartz, Ph.D., City Registrar



X 0 0 7 8 5 2 2 7



Exhibit B

FACE OF DOCUMENT CONTAINS AN ECHOGRAPHIC PANTOGRAPH AND MICROPRINT BORDER. THE DOCUMENT ALSO HAS INVISIBLE FLUORESCENT FIBERS, ARTIFICIAL WATERMARK ON BACK, AND A CHEMICAL REACTIVE VOID FEATURE.

**Surrogate's Court of the State of New York
New York County**

Certificate# 141226

File#: 2014-4693

Certificate of Appointment of Executor

To all to whom these presents shall come or may concern,

That we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on December 22, 2014 by said court, PRELIMINARY LETTERS TESTAMENTARY on the goods, chattels and credits of Lawrence J Corneck, deceased, late of the County of New York were granted unto the fiduciaries listed below.

Name of Decedent: Lawrence J Corneck
aka Lawrence Corneck

Date of Death: November 14, 2014

Domicile: County Of New York

Fiduciary Appointed: Stewart D Pollak

Letters Issued: PRELIMINARY LETTERS TESTAMENTARY

Letters Issued On: December 22, 2014

and such Letters are unrevoked and in full force as of this date.

Dated: December 24, 2014
New York, New York

IN TESTIMONY WHEREOF, the seal of the New York
County Surrogate's Court has been affixed.

WITNESS, Honorable Rita Mella, Judge of the New
York County Surrogate's Court.



**Diana Sanabria, Chief Clerk
New York County Surrogate's Court**

*This Certificate is Not Valid Without the Raised Seal of the New York County Surrogate's Court
and expires six months from the issue date of this certificate.*